

UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

May 26, 2006

CENTRAL COAST PATENT AGENCY PO BOX 187 AROMAS, CA 95004 US

Dear Sir/Madam,

Your refund request for 10534658 in the amount of \$75.00 has been denied .

Claims 13,14,17,18,19,20 are multiples the total count is 25. Fees are correct. bc

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in re: Request for Refund

Application No.: 10/534,658

Certificate of Transmission under 37 CFR 1.8

Attn: Refund Fax No.: (571) 273-6500

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on 02/14/2006

Date

Sheri Beasley

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Total Sheets Transmitted - \$

- 1. Request for Refund to Deposit Account 500534 1 sheets
- 2. Copy of September Monthly Statement of Deposit Account 500534 1 sheet
- 3. Copy of Transmittal Letter 1 sheet
- 4. Copy of Filing Receipt 1 sheet
- 5. Certificate of Transmission 1 sheet

Following is a request for \$75.00 refund to Deposit Account 500534 for application 19/534,658.

If you do not receive all pages please call me at (831) 726-1457.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will very depending upon the needs of the Individual case Any convents on the amount of time required to complete this torm should be sent to the Chief information Officer, Petent and Trademark Office. Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Petents Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Petents Washington, DC 20231,

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2654

Examiner: Unknown

In Re:

. Bernd Schonebeck

Case:

7103.00US

Scrial No.:

10/534,658 · 10/14/2005

Filed: Subject:

Voice Processing System, Method for Allocating Acoustic and/or Written

Character Strings to Words or Lexical Entries

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

REQUEST FOR REFUND Deposit Account No. 500534 under 37 CFR §1.26

Dear Sir/Madam:

Applicant respectfully requests a refund to deposit account 500534 in the amount of \$75.00.

On 05/10/2005 applicant filed a Utility Patent Application. Applicant paid for the correct number of total claims (22), but was charged an extra \$75 for extra claims (fee code 2615).

Enclosed are marked-up copies of page 2 of the transmittal letter, filing receipt and the Monthly Statement of Deposit Account for your review.

Sincerely,

Donald R. Boys Reg. No. 35074

Central Coast Patent Agency, Inc. P.O. Box 187 Aromas, CA 95004 (831) 726-1457



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 23312-1450
www.uspto.gov

MONTHLY STATEMENT OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and raturn top portion with your chack. Make check payable to Director of Petents & Trademarks.

CENTRAL COAST PATENT AGENCY DONALD R BOYS P O BOX 187 AROMAS CA 95004

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PLEASE SEND REMITTANCES TO: U. S. Patent and Trademerk Office P.O. Box 70541 Chicago, IL 60873

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PAGE 4/5 * RCVD AT 2/14/2006 4:17:53 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/39 * DMS:2736500 * CSID:8317263475 * DURATION (mm-ss):01-54

NAME 35,074

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

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SERIAL NO. 10/534658 APPLICANT(S)

FILING DATE

CLAIMS

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